



STATE WASTE DISCHARGE PERMIT APPLICATION FOR ONE TIME/LIMITED DURATION DISCHARGES TO GROUND (HANFORD SPECIFIC)

FOR STATE USE ONLY		
Date Application Received	Date Fee Paid	Application/ Permit Number
Date Application Accepted		Facility Number
Temporary Permit Effective Date		Temporary Permit Expiration Date

This application is for a wastewater discharge permit as required in accordance with provisions of Chapter 90.48 RCW and Chapter 173-216 WAC. Additional information may be required. Information previously submitted and applicable to this application should be referenced in the appropriate section.

1. Company Name: _____

2. Unified Business Identification Number (UBI #): _____

3. Mailing Address: _____
 Street

 City/State Richland, Washington Zip Code 99352

4. Facility Location: _____
 Street

 City/State Richland, WA Zip Code 99352

5. Person to contact who is familiar with the information contained in this application:

Name	Title	Telephone

6. Proposed Discharge Type: _____

Anticipated Beginning Date of Discharge: _____

Anticipated End Date of Discharge: _____

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware there are significant penalties for submitting false information, including the possibility of a fine and/or imprisonment for knowing violations.

Signature*	Printed Name
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Title	Date
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* Applications must be signed as follows: A municipal, state, federal, or other public facility, by either a principal executive officer or ranking elected official.

If you require this document in an alternate format, please contact Nuclear Waste Program at 509-735-7581 or TTY 711 or 1-800-833-6388.

IDENTIFY WASTE STREAMS

1. Identify the waste stream for each production process or activity.

Characteristics	Waste Stream Name	Batch or Continuous Process	Estimated Quantity	Discharge Location

2. Proposed mitigation measures to minimize impacts of discharge.

Best Management Practices will be taken to help mitigate erosion to the maximum extent practicable. In addition, a log will be kept of the discharges that will identify the discharge date and estimated discharge volume.

3. Attach or reference any available information regarding wastewater characteristics.

The discharge will consist of raw water that is supplied from the Columbia River. No additives or chemicals will be added to the discharges.

Regarding applications for state waste discharge permits, the permittee is deemed to have received a temporary permit if Ecology fails "to act" upon the application within 60 days after it has been filed (RCW 90.48.200). The 60 days do not begin, however, until the SEPA process has been completed.